

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

778

FILED FEB 6 1958

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>Marmaduke Rt. 2</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Mem. Hosp.</u> Length of stay in 1b <u>2 Days</u>				d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Thomas</u> Last <u>Reynolds</u>				4. DATE OF DEATH Month <u>January</u> Day <u>29</u> Year <u>1958</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 4, 1890</u>			
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Agri.</u>					
11. BIRTHPLACE (City and state or country) <u>Arkansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13. FATHER'S NAME <u>Dan Reynolds</u>				14. MOTHER'S MAIDEN NAME <u>Mary Puckett</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>					
17. INFORMANT <u>Tiny Reynolds</u> Address <u>Marmaduke, Ark. Rt. 2</u>									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>epilepsy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>334x</u>								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>5:22 a.</u> Month, Day, Year <u>1/10/58</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE			
21. I attended the deceased from <u>1/10/58</u> to <u>1/29/58</u> and last saw her alive on <u>1/28/58</u> Death occurred at <u>5:22 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>W. H. Reynolds</u> (Print or type)				22b. ADDRESS <u>Reynolds Ark</u>		22c. DATE SIGNED <u>1/29/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>January 30, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Harveys Chapel Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Marmaduke Arkansas</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Irby Funeral Home Rector, Arkansas</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 30-1958</u>		26. REGISTRAR'S SIGNATURE <u>Paul H. H. H.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-3-58

INVENTORY FILE NUMBER 258

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined  
by me, or by ....., Student Embalmer No.....  
, working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Thomas E. Beal

Licensed Embalmer No. 10

P. O. Address Rectory, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.